



# DODAAC MODIFICATION

## REQUEST FORM

GCSS-ARMY



DATE					
<b>REQUESTER INFORMATION</b>					
LAST NAME				FIRST NAME	
RANK/TITLE		EMAIL ADDRESS			
PHONE NUMBER			WORK	CELL	
UNIT NAME					
UIC		DODAAC		SUPPORTING RIC	
<b>MODIFICATION DATA</b>					
CHANGE FROM					
CHANGE TO					
<b>REASON FOR REQUEST</b>					
<b>FINANCIAL INFORMATION (REQUIRED ONLY IF FINANCIAL INFORMATION IS BEING AFFECTED BY MODIFICATION)</b>					
CFC					
COST CENTER					
FUND					
FUND CENTER					
FUNCTIONAL AREA					
<b>REQUIRED SIGNATURES</b>					
REQUESTER					
ACCOUNTABLE OFFICER					
RESOURCE MANAGER (Required only if Financial Information is being effected)					
DODAAC COORDINATOR					
U.S. ARMY RESERVE REPRESENTATIVE					